Mental Health Services
Comprehensive Mental Health Evaluation

FIRST CORRECTIONAL MEDICAL • LEADING THE WAY IN CORRECTIONAL HEALTH • FCM

MENTAL HEALTH HISTORY

1. History of psychotropic medications PAXIL Current usage If so, list medications below: PAXIL Evidence of EPS	Yes ☒ No ☐ Yes ☒ No ☐ Yes ☐ No ☒
2. History of psychiatric hospitalization A) Name of facility/provider _____ B) Date: From _____ to _____ Request Records?	Yes ☐ No ☒ Yes ☐ No ☐
3. History of outpatient mental health treatment A) Name of facility/provider DR. BOYER B) Date: From THIS SUMMER to _____ Request Records?	Yes ☒ No ☐ Yes ☐ No ☒
4. History of violence: (check those that apply) ☐ Behavior ☐ Threats ☐ Verbally Assaultive ☐ Physically Assaultive Comments:	Yes ☐ No ☒
5. History of self-injurious behavior Comments:	Yes ☐ No ☒
6. History of head injury, trauma or seizures Describe: Comments:	Yes ☐ ☒
7. History of sexual abuse Comments:	Yes ☐ ☒
8. Length of time in jail: _____ Years _____ Months 5 Days	
9. Previous Prison Incarceration State: _____ Request Records?	Yes ☒ Yes ☒
10. History of placement in any special education programs Unit:	Yes ☒
11. History of Substance Use/Abuse: Alcohol: Amount DENIES Frequency: _____ Date: From ____ to ____ Drug use: Type: MJ Amount: DAILY Date: From ____ to 20 YRS. Type: _____ Amount: _____ Date: From ____ to ____	

Screened By: ROBERT HARRIS, LW, MSW	Title: RN NURSE
Date: 8/20/04	Time: 1515
Reviewed By:	Title:
Date:	Time:
Inmate Name: PEPPER, MONTY	Inmate Number: 156920
Institution: DCC	Date of Arrival: 8/16/04